

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

May 25, 2010

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Dray Rellik, 816 'P' Street requesting a class C/K liquor license.

This location was previously known as Crescent Moon which held a class A liquor license

Matthew Taylor, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Matthew Taylor was born in Belgium. He attended the University of Nebraska graduating in 2008.

Matthew Taylor employment history is as follows:

Present	Manager, Lava Jays	Omaha, NE.
2006 - 2009	Manager, The Bar	Lincoln, NE.

The required training will be completed on June 10th 2010.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) dray Rellik

Street Address #1 816 P St.

Street Address #2 _____

City Lincoln, NE County Lancaster Zip Code 68508

Premise Telephone number To be provided later

Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail address (where you want receipt of mail from the commission)

Name Matthew Taylor

Street Address #1 1320 ~~1320~~ P St. Suite 103

Street Address #2 _____

City Lincoln State NE Zip Code 68508

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

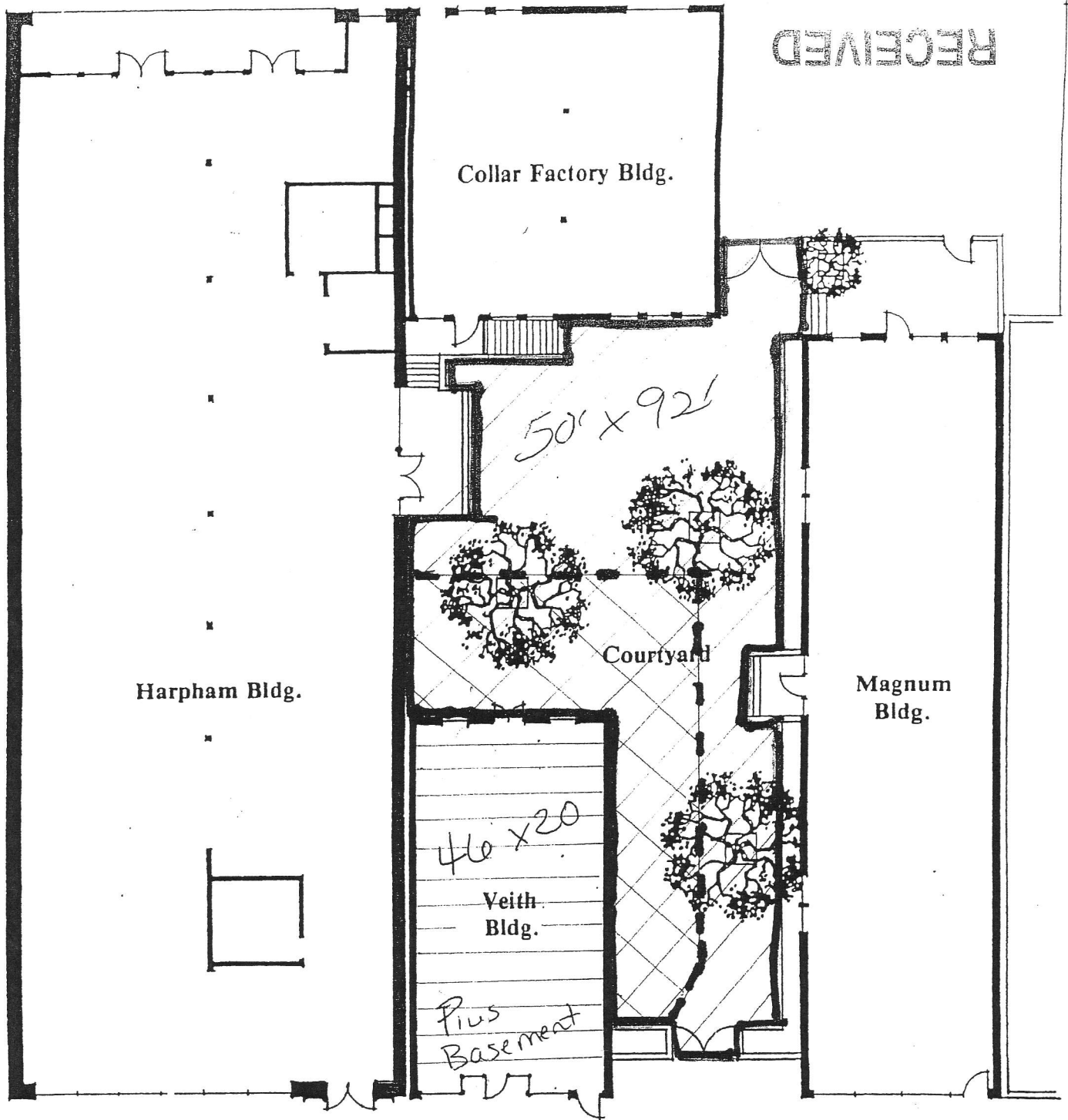
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

See attached

MAY 14 2010

RECEIVED



☐ - INTERIOR PREMISES

▨ - NON-exclusive Courtyard - liquor license
"P" Street

▩ - daily courtyard serving area

ATTACHMENT #1
North

ATTACHMENT #1

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

~~Charge on [unclear] [unclear] [unclear]~~
Matt Taylor - MIP Sept. 2006 Cherry County NE
JUDY TAYLOR - BWI (MISSOURI - LAKE OF THE OZARKS) 2003

2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number

Crescent Moon Coffee - A -

Not Replacing

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application.

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner.

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☒ YES ☐ NO

If yes, explain. our Manager will have the option to take a percentage
No silent partners of ownership as payment.

8. Are your premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties.

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Mutual of Omaha Bank - Matthew and Lorry Taylor

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

None

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

Name:	Date:	Where:
Matthew Taylor	2007-2010	The Bar 1644 PST. Lincoln Ne 68508

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

- ☒ Lease: expiration date _____
☐ Deed _____
☐ Purchase Agreement _____

14. When do you intend to open for business? July 15th, 2010

15. What will be the main nature of business? Tavern

16. What are the anticipated hours of operation? 2pm - 1am

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE IF APPLICABLE					
APPLICANT: CITY & STATE		YEAR FROM TO		SPOUSE: CITY & STATE	
Matt Taylor, Sidney, Ne		2000	2004		
Lincoln, Ne		2004	Present		

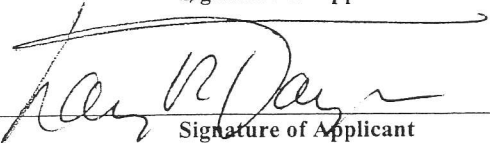
The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.



Signature of Applicant



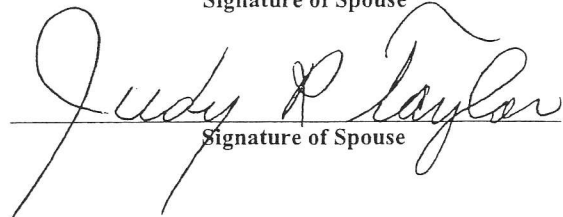
Signature of Applicant

Signature of Applicant

Signature of Applicant

Signature of Applicant

Signature of Spouse



Signature of Spouse

Signature of Spouse

Signature of Spouse

Signature of Spouse

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this 14th day of May by
Kristina Radicia
Kto R

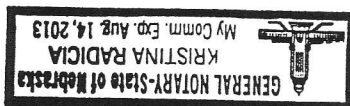
Notary Public signature

County of Lancaster

The foregoing instrument was acknowledged before me this 19th day of May by
Kristina Radicia
Kto R

Notary Public signature

Affix Seal Here



Affix Seal Here



APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

RECEIVED

MAY 14 2010

NEBRASKA LIQUOR
CONTROL COMMISSION

All LCC members, including spouses, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must provide a copy of their certified birth certificate or INS papers
- 3) Must submit their fingerprints (2 cards per person)
- 4) Must sign the signature page of the Application for License form (even if spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Matthew T. Taylor

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Top Spin LLC

LLC Address: 4921 Glen Eagle Ct

City: Lincoln State: NE Zip Code: 68526

LLC Phone Number: (402) 327-9265 Fax Number: _____

Name of Contact Member (Name and information of contact member must be listed on following page)

Last Name: Taylor First Name: Matthew MI: _____

Home Address: 1320 P St. Suite 103 City: Lincoln

State: NE Zip Code: 68508 Home Phone Number: (402) 202-7664

Matthew Taylor

Signature of Contact Member

County of Lancaster

The foregoing instrument was acknowledged before me this 14th day of May 2010 by

Kristina Radicia

Notary Public signature

Affix Seal Here



List names of all members and their spouses (even if a spousal affidavit has been submitted)

12. Last Name: Taylor First Name: Matthew MI: T

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

13. Last Name: TAYLOR First Name: LARRY MI: R

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): JUDY R. TAYLOR

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

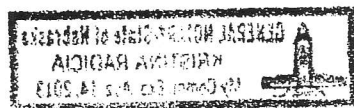
Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____



Is the applying Limited Liability Company controlled by another Corporation/Company?

☐ YES

☒ NO

If yes, provide the name of corporation/company and supply an organizational chart

Indicate the company's tax year with the IRS (Example January through December)

Starting Date: July Ending Date: June

Is this a Non Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

RECEIVED

MAY 14 2010

**NEBRASKA LIQUOR
CONTROL COMMISSION**

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Judy R Taylor
Signature of spouse asking for waiver
(Spouse of individual listed below)

Judy R Taylor
Printed name of spouse asking for waiver

State of NEBRASKA

County of LANCASTER

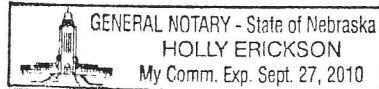
MAY 14, 2010
date

Holly Erickson
Notary Public signature

The foregoing instrument was acknowledged before me this

by JUDY TAYLOR
name of person acknowledged

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Larry R Taylor
Signature of individual involved with application
(Spouse of individual listed above)

LARRY R. TAYLOR
Printed name of applying individual

State of NEBRASKA

County of LANCASTER

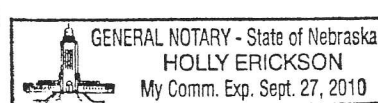
MAY 14, 2010
date

Holly Erickson
Notary Public signature

The foregoing instrument was acknowledged before me this

by LARRY TAYLOR
name of person acknowledged

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

P<USATAYLOR<<LARRY<RONALD<<<<<<<<<<<<<<<<<<<
2193120345USA 1M1612284<<<<<<<<<<<<<04

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

RECEIVED

MAY 18 2011

**NEBRASKA LIQUOR
CONTROL COMMISSION**

Corporate manager, including spouse, are required to adhere to the following requirements
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: Top Spin LLC

Premise information

Premise License Number: Pending
(if new application leave blank)

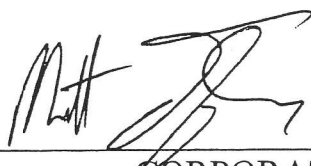
Premise Trade Name/DBA: Dray Rellik

Premise Street Address: 816 A St.

City: Lincoln Zip Code: 68508

Premise Phone Number: (402) 202-7664

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.



CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

APPLICATION FOR LIQUOR LICENSE
CATERING LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.nol.org/home/NLCC/

FEE: \$100.00

RECEIVED

MAY 14 2010

NEBRASKA LIQUOR
CONTROL COMMISSION

A Catering License allows a retail licensee to deliver, sell or dispense alcoholic liquors, including beer, for consumption at a location designated on a Special Designated License (SDL). The Catering License is renewed in the same manner and time as the retail license held by the licensee. A Licensee shall not cater an event unless a SDL has been obtained. *An applicant seeking a SDL must file with the local governing body where the event is to be held at least 21 days prior to the event.* The application must then be filed with the Commission ten working days prior to the event. The local or county approval and law enforcement notification letter must accompany the SDL when submitted to the Commission. The \$40.00 per day license fee for a SDL is waived for the holder of a Catering License and the number of events allowed is unlimited.

CLASS OF LICENSE AND NUMBER

CK

NAME OF LICENSEE:

Top Spin LLC

TRADE NAME:

Dray Relik

PREMISE ADDRESS:

816 P St.

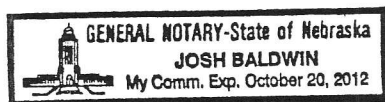
CITY/STATE/ZIP CODE:

Lincoln, Ne 68508

A copy of your application for a Catering License will be forwarded to the local governing body for recommendation. Neb. rev.stat., the Liquor Commission shall set for hearing any application receiving local governing body denial, a citizens protest or having statutory problems discovered by the Commission. If the local governing body does not make a recommendation, the Commission may approve or deny the issuance of a license. Catering licenses shall be delivered to the licensee in the same manner as provided in subsection (4) of Neb. rev.stat., for delivery of licenses.

Signature of Licensee

Subscribed in my presence and sworn to before me this 14 day of May, 2010.



Notary Public Signature

(Seal)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Taylor First Name: Matthew MI: T

Home Address (include PO Box if applicable): 1320 P St Suite 103

City: Lincoln State: Ne Zip Code: 68508

Home Phone Number: (402) 202-7664 Business Phone Number: _____

Social Security Number: _____ Drivers License Number & State: Ne

Date Of Birth: Mon, Belgium Place Of Birth: _____

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

Spouse's information

Spouses Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE		YEAR FROM TO		CITY & STATE		YEAR FROM TO	
Sidney, NE		2000	2004				
Lincoln, NE		2004	Present				

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2007	2010	The Bar	Neal Grummert	
2010	Present	Lava Jay's	Jamie Wilson	(402) 875-1202

Manager and spouse must review and answer the questions below
PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges **RECEIVED**
this application. If more than one party, please list charges by each individual's name.

☒ YES

☐ NO

If yes, please explain below or attach a separate page. MAY 18 2010

MIP - November 2006

Misc Spreading Tickets between 2002-2010

NEBRASKA LIQUOR

CONTROL COMMISSION

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☐ YES

☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES

☐ NO

5. Do you have any experience in selling alcohol in the State of Nebraska?
If so list training and/or experience (when and where)

Date:	Where:
	See Application

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.



Signature of Manager Applicant

Signature of Spouse

State of Nebraska

County of Lancaster

County of _____

The foregoing instrument was acknowledged before me this May 18th 2010 by

The foregoing instrument was acknowledged before me this _____ by



Notary Public signature

Notary Public signature

Affix Seal Here



Affix Seal Here

五、六、七、八、九、十